

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Newsom for California Governor 2018			Date of This Filing 01/31/2018	Date Stamp Page 1 of 2	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER () -	I.D. NUMBER (if applicable) 1375287	Report No. 055056-TK			
STREET ADDRESS					
CITY San Francisco	STATE CA	ZIP CODE 94104			
			<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
			No. of Pages 2		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/01/2017	Teena Hostovich La Canada Flintridge, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Vice President/Partner Lockton Insurance Brokers, LLC	\$2,000.00
11/01/2017	Teena Hostovich La Canada Flintridge, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Vice President/Partner Lockton Insurance Brokers, LLC	\$2,000.00
11/01/2017	Teena Hostovich La Canada Flintridge, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Vice President/Partner Lockton Insurance Brokers, LLC	\$2,000.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Newsom for California Governor 2018			Date of This Filing 01/31/2018	Date Stamp Page 2 of 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER () -	I.D. NUMBER (if applicable) 1375287	Report No. 055056-TK			
STREET ADDRESS					
CITY San Francisco	STATE CA	ZIP CODE 94104			
			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages 2		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: